Effective October 1, 2003													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT												THAN	
TOTAL CLAIMS			/ / <u>/</u>				-	RATE	FEE		RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			minus 20=					X\$ 9:		OR	X\$18=		
IND	EPENDENT CI	(minus 3 =				٠	X43=	7/17	1	You		1	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					740-		OR	7002		ł
								+145:	=	OR	+290=	- 2 1	
* If the difference in column 1 is less than zero, enter "0" in column 2									L	OR	1	un	ļ
CLAIMS AS AMENDED - PART II 3-27-9Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 7	Minus	# 0	20	=		X\$ 9=		OR	X\$18=		
	Independent	. /	Minus	***	3	=/		X43=	X	OR	X86=	X	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	+145=	1/	OR	+290=		
								TOTA		OR	TOTAL		1
		(Column 1)	- 3	(Colur	nn 2)	(Column 3)	_ /	ADDIT. FE	E L		ADDIT. FEE	<u> </u>	İ
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18= ,		
	Independent	•	Minus	***		=]	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		7	+290=		
	•			•		•	L	TOT/		OR	TOTAL		
٠.	•						,	ADDIT. FE		JOR	ADDIT. FEE	4.	1
		(Column 1) CLAIMS	1	(Colur		(Column 3)	1 -			-			1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	4+		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X43=	-	1 .	X86=		İ
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR			1
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
* If the "highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE		ł
		nber Previously Pal					er fou	nợ in the	appropriate b	ox in co	lumn 1.		

Application or Docket Number